



LOWER ELWHA KLALLAM TRIBE

᠊ᠠ᠋᠋᠋᠋ ᠋ᠠ᠋᠋᠋᠋ ᠋ᠠ᠋᠋᠋᠋ "Strong People"

2851 Lower Elwha Road
Port Angeles WA 98363

(360) 452-8471
Fax: (360) 452-3428

RELINQUISHMENT OF MINOR

We the undersigned parent's/Custodians of _____ Date of Birth: _____, do hereby relinquish membership rights and interest which the said child may have as a member of the LOWER ELWHA TRIBE of Indians, and we hereby request that the said child be enrolled as a member of the LOWER ELWHA TRIBE having rights on the LOWER ELWHA Indian Reservation, Washington.

Let it be further understood that if for any reason the enrollment of the above mentioned child is denied, this relinquishment shall be considered null and void.

Father's Name

Tribe

Signature of Father of the above child

Tribal Enrollment Number

Mother's Name

Tribe

Signature of Mother of the above child

Tribal Enrollment Number

NOTARY PUBLIC OR CERTIFYING OFFICER

SUBSCRIBED AND SWORN to and before me this _____ day of _____, 20____.

Notary Public in and for the County of:

_____, Washington.

Residing at: _____.

My Commission Expires: _____.